



Quality is Our Bottom Line

**Insurance Committee Public Hearing
Tuesday, February 8, 2011**

Connecticut Association of Health Plans

Testimony in Opposition to

HB 5311 An Act Imposing a Moratorium on Changes to Current Procedural Terminology Codes.

The Connecticut Association of Health Plans respectfully urges the Committee's rejection of HB 5311. It's unclear what issue this legislation proposes to address. Procedural codes – known as CPT codes – are determined by the American Medical Association who publishes changes to the code once a year effective January 1st. Insurers then reconfigure their systems to align payment processes. It's important that all parties operate from a common understanding to assure that the process works as effectively and efficiently as possible. To delay implementation of new codes for three years seems counterintuitive and we would caution the Committee against moving in this direction.

Furthermore, it's important to note that federal regulations are requiring conversion to a vast new coding system called ICD – 10 by October 1, 2013. This conversion will dramatically change the coding system for both insurers and providers requiring much more detail about the health care involved in any particular claim. It will be an enormous undertaking and we would question how HB 5311 would comport with the federal requirements if it should it pass.

We respectfully urge your opposition. Many thanks.